Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/20/2014	Address:	3117 W 260 N
Incident #:	14ISPC002277		COVINGTON, IN
County:	FOUNTAIN		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☐ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
(check all that	l: Location (bedroom, kitchen, open air, ope	<u>etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
☐ Flammable Solvents: <u>BACK PACK</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base: GARAGE			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	<u>age 18 discovered</u> (check appropriate) (number present) not present but evidence they reside	unclean Estimated le	itions of home: clean disarray
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Health Depar	ent City, Township or County <u>COVIN</u> tment County: <u>FOUNTAIN CO.</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: mnsh	Fax: 765-793-0835 nampfwhealth@gmail.com ax: 317-234-7595 or 317-234-7596
	ormation regarding this methamphetar Officer: <u>W. ENNIS</u> Phon	nine laboratory, cont e <u>765-567-2125</u>	tact

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.